

**AMAZING
THINGS
ARE
HAPPENING
HERE**

Improving CG-CAHPS in an Academic Medical Center

Rick Evans, MA
**Senior Vice President &
Chief Experience Officer**

“Strategies for Improving CAHPS Clinician & Group (CG-CAHPS) Survey Scores”

A Webcast Presented by the AHRQ CAHPS User Network

March 15, 2016

12:00 – 1:00 pm EDT

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 **New York-Presbyterian**

NewYork-Presbyterian Hospital

Key Statistics

Discharges	123,810
Ambulatory Surgery Cases	98,936
Emergency Department Visits	276,067
Clinic Visits	774,285
Other Ambulatory Encounters	934,860
Operating Expenses	\$4.5 Billion
Employees	24,000



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Identifying Priorities and Targets for Improvement



Considerations for determining improvement priorities and targets:

- Emerging national benchmarks
- Internal benchmarks – enterprise, division, department, etc.
- Patient and family feedback – e.g. – PFAC's
- Take the whole team into account
- Links to organizational initiatives – e.g. – access
- Targets – organizational history, national change reports

Structures and Initiatives for Improvement

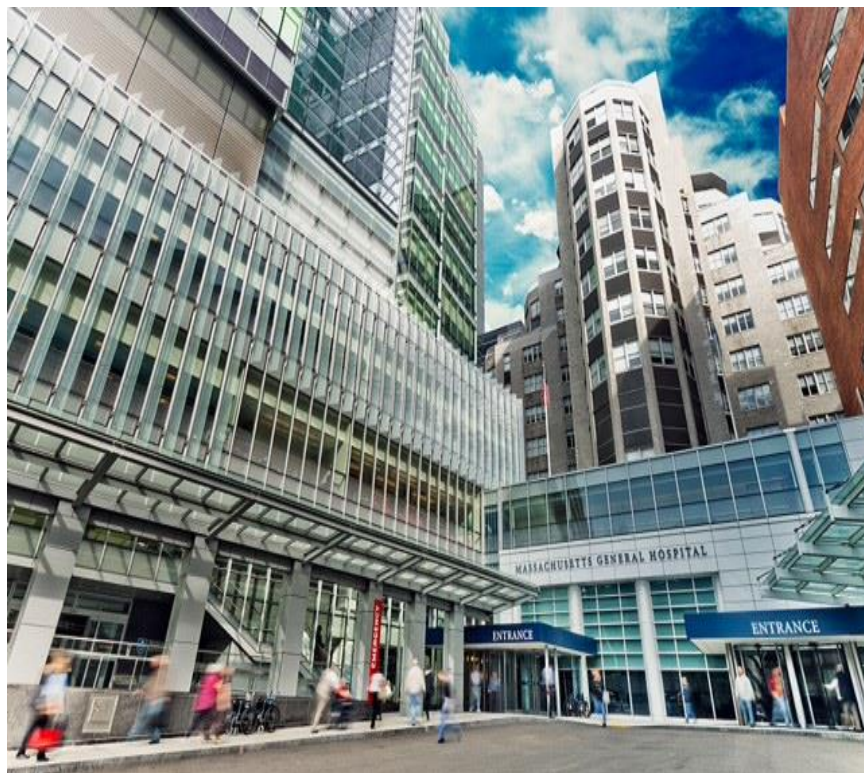
- Cabinets – facility, divisional
- Action plans with targets
 - Use best practices
 - Open-book exercise
- Our experience – 4 area balance
 - Staff interactions
 - Provider interactions
 - Wait times
 - Test results



Overcoming Barriers

Barrier	Solution
Provider buy-in	Showing individual and team results
Leader bandwidth	Link to other priorities
Provider cynicism and burnout	Make best practices “win/wins”
Silos and blaming	Indicators chosen reflect work of the team
Blaming the survey and the data	Identify and debunk the myths
Accountability	Dashboards, transparency, cabinet review

Results – Improvement in Scores



Mass General results:

- Ortho – staff scores surpassed provider scores
- Other division – chair buy in – went from bottom to top performer for provider scores
- Year over year improvement in wait time scores

Sustaining the Effort

- Annual improvement cycles
- Management training and coaching
- Senior leader buy-in and support
- Physician partnership



Lessons learned and take-home points



- Know your survey and your data
- Pick the right evidence based best practices
- Use friendly competition
- Link and collaborate
- Show you understand provider and staff stresses and pain points
- Prove you are on the team

Anything else I can do for you?

Rick Evans

Senior Vice President & Chief Experience Officer
NewYork-Presbyterian Hospital

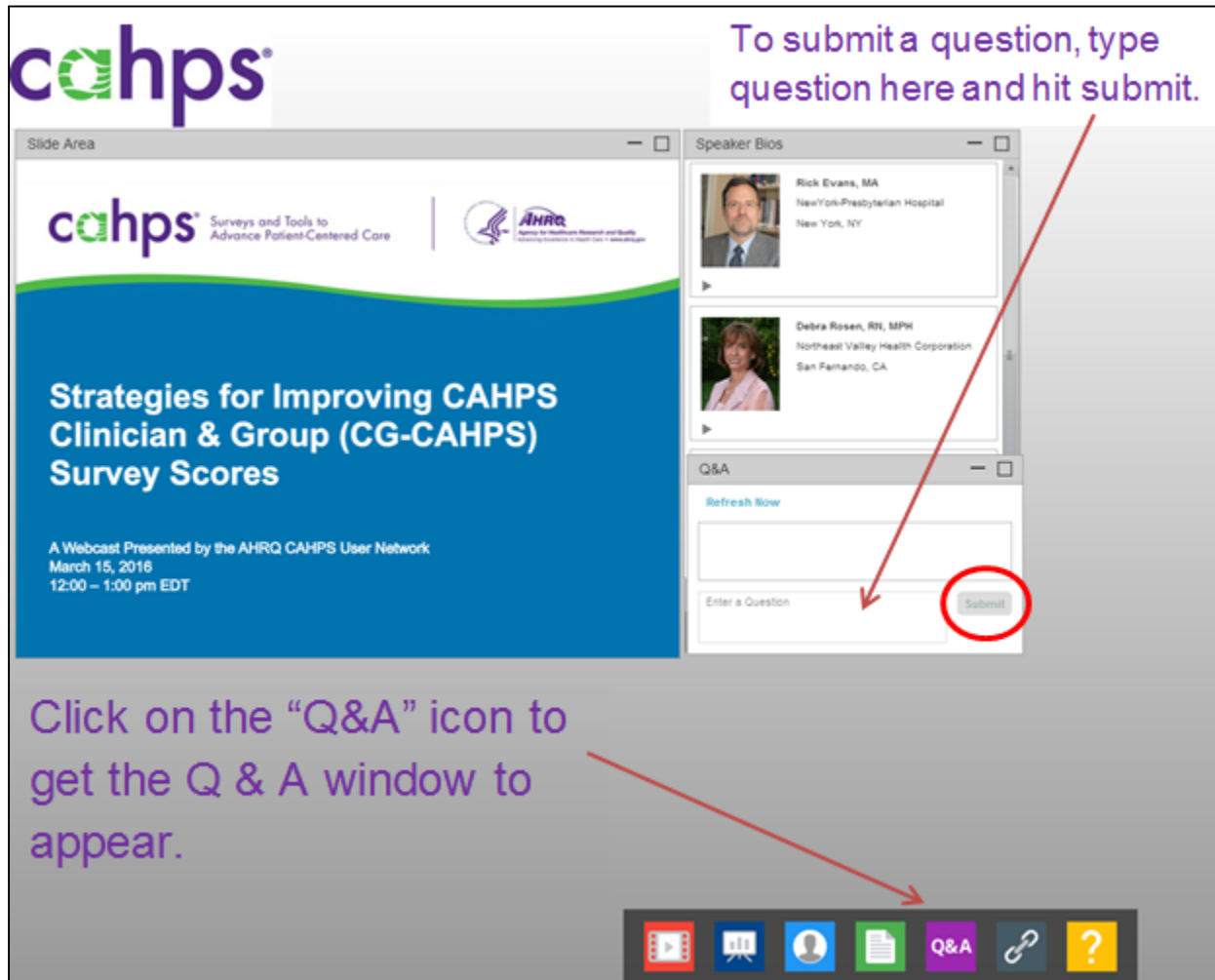
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Slide Area

cahps Surveys and Tools to Advance Patient-Centered Care

AHRQ Agency for Healthcare Research and Quality

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